

**COMMONWEALTH OF MASSACHUSETTS  
Board of Registration in Pharmacy**

**NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE  
BOARD OF REGISTRATION IN PHARMACY**

**May 2, 2024**

*The regular session is open to the public by video or phone.*

**Join link:**

<https://cohhs.webex.com/cohhs/j.php?MTID=m367e7af3c3bae4362710b04654cf3175>

**Webinar number:**

2538 743 7740

**Webinar password:**

BOP123 (267124 from phones and video systems)

**Join by phone:**

+1-617-315-0704 United States Toll (Boston)

+1-650-479-3208 United States Toll

*If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator **Erin Bartlett**, [erin.bartlett2@mass.gov](mailto:erin.bartlett2@mass.gov) or 857-262-7431 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.*

**Agenda**

		Item	Page	
8:00	I	CALL TO ORDER		K. Thornell
8:05	II	APPROVAL OF AGENDA		
8:10	III	APPROVAL OF BOARD MINUTES <ul style="list-style-type: none"><li>Draft of April 4, 2024, Regular Session Minutes</li></ul>		
8:15	IV	REPORTS <ul style="list-style-type: none"><li>Applications approved pursuant to Licensure Policy 13-01</li><li>Monthly report from Probation</li><li>Board Delegated Review pursuant to Licensure Policy 14-02</li><li>PSUD Report-Policy 17-03</li></ul>		

<b>8:20</b>	<b>V</b>	<b>FLEX</b> <ul style="list-style-type: none"> <li>• NABP District 1 &amp; 2 meeting; October 7-9, 2024 - Everett, MA</li> <li>• Memo: Non-Resident Pharmacy Inspection Requirements for Licensure</li> <li>• Pharmacy Advisory Committee Meeting: June 12, 2024, 9am – 10am <ul style="list-style-type: none"> <li>○ Recommendation Document 24-01: Implantable Infusion Pumps</li> <li>○ Election of Board member to the meeting</li> </ul> </li> <li>• Notice of Opportunity re: Inspections</li> </ul>		
<b>8:30</b>	<b>VI</b>	<b>POLICIES</b> <ul style="list-style-type: none"> <li>• Policy 13-01: Licensure Applications and Notices</li> <li>• Policy 14-02: Board Delegated Review (BDR)</li> <li>• Policy 2023-07: Non-Sterile Compounding</li> <li>• Rescind Policy 2019-03: Non-Resident Pharmacy Inspection Requirements for Licensure</li> </ul>		
<b>8:45</b>	<b>VII</b>	<b>APPLICATIONS</b> <ul style="list-style-type: none"> <li>• SCCHC Pharmacy – Transfer of Ownership</li> <li>• Vantive US Healthcare-DS100105 - Relocation</li> <li>• Cardinal Health; WD Renovation</li> <li>• Lowell Community Health Center Pharmacy – New Community Pharmacy</li> </ul>		
<b>9:15</b>	<b>VIII</b>	<b>RECONSIDERATION</b> <ul style="list-style-type: none"> <li>• Walgreens #12869, DS89777 - PHA-2023-0185</li> </ul>		

<b>9:30</b>	<b>IX</b>	<b>FILE REVIEW</b>				
		<b>1</b>	CASE-2023-0782	INV8911		
		<b>2</b>	CAS-2023-0418	PHA-2024-0017		
		<b>3</b>	CASE-2024-0013	PHA-2024-0004		
		<b>4</b>	CASE-2024-0081	PHA-2024-0009		
		<b>5</b>	CASE-2023-0786	PHA-2023-0273		
		<b>6</b>	CASE-2024-0939	PHA-2024-0027		
		<b>7</b>	CASE-2024-0070	PHA-2024-0029		
		<b>8</b>	CASE-2024-0124	PHA-2024-0041		
		<b>9</b>	CASE-2023-0656	PHA-2023-0240		
		<b>10</b>	CASE-2023-0745	PHA-2023-0264		
		<b>11</b>	CASE-2023-0712	PHA-2023-0261		
		<b>12</b>	CASE-2024-0129	PHA-2024-0037		
		<b>13</b>	CASE-2023-0002	INV9194		
		<b>14</b>	CASE-2023-0521	INV8330		
		<b>15</b>	CASE-2024-0080	PHA-2024-0006		
		<b>16</b>	CASE-2024-0008	PHA-2024-0021		
		<b>17</b>	CASE-2024-0943	PHA-2024-0030		
		<b>18</b>	CAS-2023-1148	PHA-2024-0032		
		<b>19</b>	CASE-2023-0710	PHA-2023-0254		

<b>11:00</b>	<b>X</b>	<b>EXECUTIVE SESSION</b> The Board will meet in Executive Session as authorized pursuant to M.G.L. c. 30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition, or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. Specifically, evaluate the Good Moral Character as required for registration for a pending applicant.		
<b>12:00</b>		<b>LUNCH BREAK</b>		
<b>12:00</b>	<b>XI</b>	<b>M.G.L. c. 112, § 65C SESSION</b>		
<b>4:00</b>	<b>XII</b>	<b>ADJOURNMENT</b>		

**COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN PHARMACY**

**MINUTES OF THE GENERAL SESSION**

**Via Remote WebEx Meeting**

**May 2, 2024**

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**Board Members Present**

Katie Thornell, RPh, MBA President  
Sami Ahmed, PharmD., RPh, BCPS, BCSCP, President-Elect  
Rita Morelli, PharmD, BCACP, RPh, Secretary  
Caryn Belisle, RPh, MBA  
Sebastian Hamilton, Pharm D, MBA, RPh  
John Rocchio, RPh, PharmD  
Delilah Barnes, RPh  
Mark Sciaraffa, CPhT  
Julie Dorgan, RN  
Saad Dino, RPh, FACP/FACA

**Board Members Not Present**

Dr. Richard Lopez, MD  
Dawn Perry, JD  
Johanna Lopez, MS

**Board Staff Present**

Monica Botto, Associate Executive Director  
Jacqueline Petrillo, PharmD, RPh, JD, Board Counsel  
William Frisch, RPh Director of Pharmacy Compliance  
Michelle Chan, RPh, Quality Assurance Pharmacist  
Joanna Chow, Program Analyst  
Richard Harris, Program Analyst  
Taylor Lee, Office Support Specialist  
Joanne Trifone, RPh, Director of Investigations  
Gregory Melton, JD, PharmD, BCPS, Investigator  
Julienne Tran, RPh PharmD, Investigator  
Christina Mogni, RPh, Investigator  
Keith Johnstone, Compliance Officer

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**TOPIC I.** Attendance by roll call:

**CALL TO ORDER 8:03 AM**

A quorum of the Board was present, established by roll call. President Katie Thornell chaired the meeting and explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: S. Hamilton, yes; D. Barnes, yes; J. Rocchio, yes; K. Thornell, yes; S. Ahmed, yes; R. Morelli, yes; C. Belisle, yes; M. Sciaraffa, yes; J. Dorgan, yes; S. Dinno, yes.

**Topic II.**  
**Agenda: 5/2/24**

**Approval of Agenda**

**TIME 8:04 AM**

**DISCUSSION:** Deferred in File Review:

- Stop & Shop #782; DS2299; INV8911
- Walmart 10-2904, DS2977; PHA-2024-0037

**ACTION:**

Motion by D. Barnes, seconded by S. Ahmed and voted unanimously by those present to approve the agenda with noted change by roll call vote.

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**Topic III**

**Approval of Board Minutes**

**TIME: 8:04 AM**

**Minutes**

1. Draft 4/4/2024

**Change:** No changes

**Action:**

Motion by D. Barnes seconded S. Ahmed and voted unanimously to approve the regular session minutes of 4/4/2024 with no noted changes by roll call vote.

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**Topic IV.**

**REPORTS**

**Applications approved pursuant to Licensure Policy 13-01**

**TIME: 8:05 AM**

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto reported a total of 34 Change in MOR applications and 2 facility closures that have been approved via Staff Action since the April 4<sup>th</sup> Board meeting.  
So noted.

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**Topic IV.**

**REPORTS**

**Monthly Report from Probation**

**TIME: 8:05 AM**

PRESENTED BY: M. BOTTO

DISCUSSION: M. Botto indicated no new changes to the monthly probation report since the last Board meeting.  
So noted.

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**Topic IV.**

**REPORTS**

**Monthly Report from BDCR pursuant to Policy 14-02**

**TIME: 8:05 AM**

**PRESENTED BY:** M. BOTTO

**DISCUSSION:** M. Botto indicated 1 report of a controlled substance loss, which was effectively issued a reprimand. 4 Continuing Education discrepancies were reported, all of which have been closed with no discipline warranted. 6 petitions for waiver renewals were received from DS90307 Genoa Healthcare since the last Board meeting, all of which have been approved.

So noted.

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**Topic IV.**

**REPORTS**

**PSUD report by Staff Action 17-03**

**TIME: 8:05 AM**

**PRESENTED BY:** M. BOTTO

**DISCUSSION:** M. Botto reported no new admissions to the PSUD program since the last Board meeting. Currently, there are a total of 8 active participants in the program.  
So noted.

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**Topic V.**

**FLEX**

- **NABP District 1 & 2 meeting; October 7-9, 2024 - Everett, MA**

**TIME: 8:05am**

**Presented by:** John Roccio

**Recusal:** None

**Discussion:** JOHN ROCCIO highlighted that BOP will host the NABP District 1 & 2 Meeting in combination with AACP from October 7, 2024 to October 9, 2024. The event will be held at Encore Boston Harbor Resort in Everett, MA. The event will host representatives in the northeast from Virginia to Maine along with faculty from pharmacy schools in the same area. Continuing education will be offered. Topics include the expanded role of pharmacists in healthcare and curriculum adjustments implemented in response to the expanded role. KATIE THORNELL added that activities will be planned for inside and outside of Boston and registration will open soon.

**Action:** None

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**Topic V.**

**FLEX**

- **Memo: Non-Resident Pharmacy Inspection Requirements for Licensure**

**TIME: 8:07am**

**Presented by:** William Frisch

**Recusal:** None

**Discussion:** WILLIAM FRISCH requested that BOP approve a memorandum regarding requirements for non-resident pharmacy inspections on pages 31 to 32 in the Board Packet for this meeting. FRISCH explained that the memorandum will replace BOP Policy 2019-03 upon promulgation of non-resident licensure regulations. The memorandum not only outlines the types of inspections that will be accepted in support of initial and renewal licensure applications, but also defines a satisfactory inspection.

**Action:** CARYN BELISLE motioned to APPROVE the memorandum as submitted; Seconded by DELILAH BARNES then Board Members present voted unanimously by roll call to approve motion.

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**Topic V.**

**FLEX**

- **Pharmacy Advisory Committee Meeting: June 12, 2024, 9am – 10am** **TIME: 8:09am**
  - Recommendation Document 24-01: Implantable Infusion Pumps
  - Election of Board member to the meeting

**Presented by:** William Frisch

**Recusal:** None

**Discussion:** WILLIAM FRISCH requested that BORP vote to bring forth Recommendation Document 24-01 on page 33 in the Board Packet for this meeting to the Pharmacy Advisory Committee on the instillation and administration of compounded drugs in implantable infusion pumps to formally request an advisory opinion as discussed during the April 4, 2024 Board Meeting. He advised that a Pharmacy Advisory Committee meeting has been scheduled for June 12 from 9-10am. He then explained that a board member was needed at the advisory committee meeting to provide an overview of the issue as well as provide the Board an update at the August 1st Board meeting. FRISCH requested that BORP approve the recommendation document and requested that BORP identify a member to attend the meeting.

**Action:** First, SEBASTIAN HAMILTON motioned to BRING FORTH the document as drafted; Seconded by RITA MORELLI then Board Members present voted unanimously by roll call to approve motion. Then, SEBASTIAN HAMILTON motioned to APPROVE SAMI AHMED as the board member designated to attend the advisory committee meeting. Seconded by CARYN BELISLE then Board Members present voted unanimously by roll call to approve motion.

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**Topic V.**

**FLEX**

- **Notice of Opportunity re: Inspections** **TIME: 8:11am**

**Presented by:** William Frisch

**Recusal:** None

**Discussion:** FRISCH apprised BORP that a notice of opportunity was posted on the Commonwealth's procurement site, CommBuys, seeking qualified inspectional services vendors to serve as Board-approved inspectors for the purpose of conducting compliance inspections for the licensing of non-resident pharmacies. Interested parties should apply at CommBuys using Bid Number BD-24-1031-BHCSQ-HCS03-100313.

**Action:** None



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**TOPIC VI****POLICIES****Policy 13-01: Licensure Applications and Notices****Time: 8:14 AM****Presented by:** M. CHAN

**Discussion:** Edits to this policy allow staff approval of outsourcing facility registrations as well as PTT extensions upon receipt of an extension form. The transfers of ownership sections have been removed since these transactions are recognized as one facility closing and a new one opening.

**Action:** Motion by C. BELISLE, seconded by S. HAMILTON, and voted unanimously by roll call of those present, to approve the edits to the policy.

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**TOPIC VI****POLICIES****Policy 14-02: Board Delegated Review (BDR)****Time: 8:15 AM****Presented by:** M. CHAN

**Discussion:** Edits to this policy allow BDR approval of certain pharmacy applications that cannot otherwise be approved under staff action policy 13-01 as well as allowing issuance of reprimands for pharmacies that have stored controlled substances in unlicensed spaces.

**Action:** Motion by S. AHMED, seconded by S. HAMILTON, and voted unanimously by roll call of those present, to approve the edits to the policy.

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**TOPIC VI****POLICIES****Policy 2023-07: Non-Sterile Compounding****Time: 8:15 AM****Presented by:** M. CHAN

**Discussion:** The only change to this policy was to make the requirement for 10 square feet of designated compounding countertop only a recommendation. The square footage is addressed in the draft non-sterile compounding regulations that has not yet been offered for a public hearing.

**Action:** Motion by S. HAMILTON, seconded by C. BELISLE, and voted unanimously by roll call of those present, to approve the edits to the policy.

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**Rescind Policy 2019-03: Non-Resident Pharmacy Inspection Requirements for Licensure**

**Presented by:** M. CHAN

**Discussion:** The revised inspection requirements are now outlined in the memo discussed earlier making the policy unnecessary.

**Action:** Motion by D. BARNES, seconded by S. HAMILTON, and voted unanimously by roll call of those present, to rescind the policy.

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**1. SCCHC Pharmacy****Transfer of Ownership****TIME: 8:16 AM**

**Represented by:** Eric Tiberi (CEO), John Awad, Ron Lanton, Sabrina Scudder

**Recusal:** None

**Discussion:**

Eric Tiberi: SCCHC serves the Asian population in greater Boston, primarily focusing on the non-English speaking Asian population. Our original location in Boston Chinatown is near Tai Tung Pharmacy. We've had a 340b relationship for over 12 years and it has been a great relationship. Tai tung had been in business for over 40 years, and [SCCHC] has been in business for 52 years. The current owners [of Tai Tung] are looking to retire, and this pharmacy has been a staple in Chinatown for many years. We would like to continue the independent pharmacy service in Chinatown. The Boston Chinatown area is surrounded by elderly housing, so it's a very busy pharmacy. We have a bout 8000 patients in Chinatown, and 80% of the scripts filled are SCCHC patients. As such, with the Tai Tung owners looking to retire, we would like to put the pharmacy under the umbrella of SCCHC. We would hire all of the staff, and keep the pharmacist in charge.

Caryn Belisle: I see some of the plans and square footage for the pharmacy. Is anything changing with the current structure? Is there construction happening? Or is this just a transfer of ownership?

Eric Tiberi: We're not changing any of the space. The only thing that is changing is that we will no longer have lottery. There's a bit of a front store typical of a pharmacy, but there are no proposed changes to the pharmacy space.

**Action:** A motion was made by C. Belisle to approve the transfer of ownership application; seconded by S. Dinno, and voted unanimously by roll call to approve the motion.

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**Represented by: Keegan Chamberlain, Albert**

**Recusal:**

**Discussion:** Keegan Chamberlain: As was previously discussed [see Cardinal Health renovation application] with the wholesale application, we have a facility in Bedford Massachusetts that has a pharmacy in that wholesale distribution location. We are looking to move that pharmacy, Vantive, to the Boylston location. This is a renal dialysis pharmacy that is shipping large cases of renal dialysis solution to home patients on a weekly basis. We are designating 2 pharmacy areas in the building. One is the office where all pharmacy records are maintained, and the other is the warehouse, where our warehouse/wholesaler will deliver the dialysis solutions for Vantive pharmacy to that designated area in the warehouse. The pharmacist in the warehouse will apply the label to those products and dispense them to the patients. Vantive has delivery drivers who come and pickup the products and deliver them to their patients.

Board Staff: There are a total of 13 waivers and they are

- 1) 247 CMR 6.02(2): keep references & equip in the pharmacy
- 2) 247 CMR 9.01 (15): limiting services
- 3) 247 CMR 9.01 (16): not refusing to compound
- 4) 247 CMR 6.01(5)(a)1: requirement to keep a copy of Massachusetts List of Interchangeable Drugs (MLID), including the Orange Book, Additional List, Exception List;
- 5) 247 CMR 6.01(5)(a)(2): updated references
- 6) 247 CMR 6.01 (5) (a) (4): having a balance
- 7) 247 CMR 6.01(5)(a)(5): the equipment necessary to conduct the practice of pharmacy
- 8) 247 CMR 6.02(4): sufficient variety of chemicals necessary to compound
- 9) 247 CMR 6.01 (5) (a) (7): sink
- 10) 247 CMR 6.02(5): presence of Rx sign
- 11) 247 CMR 6.02(8)(a), (b), & (c): posting hours
- 12) 247 CMR 6.02(9)(a): RPh on duty whenever non-pharmacist personnel have access to pharmacy
- 13) 247 CMR 6.02(6)(d) & (e): alarm/floor to ceiling barrier

S. Hamilton: This is more a question for [Board Staff]. Are there any issues with any of these requested waivers? It sounds right, but I want to make sure it will still be fine to have that many waivers.

Board Staff: We don't have any issues with the waivers

C. Belise: So the waiver for not having a sink, can you describe why?

Keegan: All of the drugs are shipped in the serialized cases from the manufacturer. They're not opened in the pharmacy. All the packages remain closed packages and are just labeled so there is no need for a sink at this location.

C. Belisle: Where do employees perform hand hygiene?

Keegan: There are restrooms nearby, not in the pharmacy, but in the warehouse outside the pharmacy space.

C. Belisle: Do you have appropriate waterless hand sanitizer available?

Keegan: Yes we do.

D. Barnes: What is your plan to make sure that something that is shipped from the new location will get their product on time? Will there be a lag time for patients?

Keegan: We're going to be operating in our Bedford location, but will still have those same products in our Boylston location. We'll be able to move the pharmacists over to the new location and deliver product to the pharmacy (Vantive). There will be no patient impact.

Board Counsel: The stock is Warehouse stock until it is picked up by the forklift (due to size of pallets) and is put in the pharmacy space. The pharmacy doesn't carry stock, but the warehouse does. So when the pharmacist is there is when they would have those orders and start shipping the orders out.

**Action**: A motion was made by D. Barnes to approve the relocation application along with the 13 waivers upon a satisfactory inspection; seconded by C. Belisle and voted unanimously by roll call to approve the motion

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### **3. Cardinal Health; WD**

### **Renovation**

**TIME: 8:22 AM**

**Represented by: Keegan Chamberlain**

**Recusal: None**

#### **Discussion:**

Keegan Chamberlain: We are submitting a renovation application for a new building that we are opening in Boylston. We submitted the renovation application to outline the Vantive Pharmacy that is going to be in the facility as well and provide that information to the board.

Caryn Belisle: This is a current licensed wholesale distributor location and you're expanding your current location? Or is this a new building?

Keegan: It's a new building, we just got this wholesaler license last month, and with speaking to Board staff we also submitted a change of location application for the Vantive pharmacy that exists in another site that we license in Massachusetts that we wanted to move over [to Boylston]. In speaking with Board staff, we found we needed to designate that on our wholesale application as well, which is why we submitted the renovation application.

Board Counsel: Just for clarity, the original application did not include Vantive in the blueprints. That's why they're here, because it needs to be in the blueprint and approved that way.

**Action**: A motion was made by C. Belisle to approve the application for renovation; Seconded by S. Ahmed and voted unanimously by roll call to approve the motion.

#### 4. Lowell Community Health Center Pharmacy

#### New Community Pharmacy

TIME: 8:35 AM

**Represented by:** Diane Martin, Narin Paul

**Recusal:** Rocchio

#### **Discussion:**

Diane Martin: We are a community health center in Lowell. We provide primary healthcare and dental services to 36,000 patients. We have a CVS on our main campus. CVS gave us notice that they will not be renewing their contract, and we identified a space on our campus, and we are looking to renovate that space to be our own open door pharmacy space. We are also working with CVS to transfer the files so we may have continuity of care. We are looking to be open to the general public and are not submitting any waivers.

S. Hamiton: [Board Staff] do we need to notify [Bureau of] Health Care quality?

Board Staff: They've already received the letter from Health care quality so we are all set.

C. Belise: What is the time frame for when CVS is closing and the opening of this pharmacy? Is there a gap?

Diane: No. They will be leaving at the end of September. So the plan is to have the space renovated by July so there is time to contract and things like that.

**Action:** A motion was made by C. Belisle to approve the New Community Pharmacy application pending a successful inspection; Seconded by R. Morelli and voted unanimously by roll call to approve the motion.

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#### TOPIC VIII

#### RECONSIDERATION

TIME: 8:43AM

- **Walgreens #12869, DS89777 - PHA-2023-0185**

**Presented by:** Jacqueline Petrillo

**Recusal:** None

**Discussion:** JACQUELINE PETRILLO explained that BORD voted on December 5, 2023 by Board Delegated Review to consolidate complaint numbers PHA-2022-0006 and PHA-2023-0185 against Walgreens #12869 then voted authorize a Consent Agreement for Reprimand for Walgreens #12869 to resolve PHA-2022-0006 and PHA-2023-0185. However, a Consent Agreement for Reprimand PHA-2022-0006 was sent, signed, and was effective as of February 12, 2024 prior to the consolidated agreement being sent. PETRILLO recommended that the BORD vote to separate complaint numbers PHA-2022-0006 and PHA-2023-0185 then authorize a Consent Agreement for Reprimand to resolve PHA-2023-0185.

**Action:** First, SEBASTIAN HAMILTON motioned to SEPARATE complaint numbers PHA-2022-0006 and PHA-2023-0185; Seconded by CARYN BELISLE then Board Members present voted unanimously by roll call to approve motion except for JOHN ROCCIO who was not present for the deliberation or vote. Then, SAMI AHMED motioned to refer the matter to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a Consent Agreement for REPRIMAND to

resolve complaint number PHA-2023-0185; Seconded by DELILAH BARNES then Board Members present voted unanimously by roll call to approve motion except for JOHN ROCCIO who was not present for the deliberation or vote.

#### TOPIC IX

#### FILE REVIEW

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Case #1 /CASE-2023-0782  
INV8911

Stop & Shop 782, DS2299

Time: N/A

## DEFERRED

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Case #2/CAS-2023-0418  
PHA-2024-0017

Adam Smith, PH234871

Time: 08:48 AM

RECUSAL: K. THORNELL recused and was not present during the vote or discussion in this matter.

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- BOP opened a complaint against S&S 64 MOR Adam Smith after review of a complaint (PHA-2023-0176) against S&S 64 which was dismissed (DNW-RC) during the 01-11-2024 BM as follows:
- On August 23, 2023, S&S 64 notified BOP that PTT Skiles' license expired on August 4, 2023. Nonetheless, she continued to work in the pharmacy with an expired license from August 5, 2023 to August 10, 2023.
- S&S Pharm-op explained that S&S 64 was notified prior to PTT Skiles' license expiration that PTT Skiles' license expired on August 4, 2023 and she could not work as a PTT after that date. However, S&S 64 did not follow the guidance from pharmacy operations and PTT Skiles continued to work as a PTT after her license expired until August 10, 2023. S&S Pharm-op indicated that "[PTT Skiles'] access to the dispensing system was revoked and [PTT Skiles] remained in the department performing Pharmacy Clerk activities such as cashiering" after August 10, 2023.
- MOR Smith acknowledged that pharmacy operations notified him about PTT Skiles' license expiration. MOR Smith explained that "there was a delay in me having the trainee the extension request..." MOR Smith did not provide any further response to BOP after being notified of the complaint against his license.
- CA: MOR Smith indicated in the response to PHA-2023-0176 that he would review "licenses... on a monthly basis to ensure all licenses are up to date."

ACTION: Motion by C. BELISLE, seconded by S. HAMILTON, and voted unanimously by those present, to refer the matter (PHA-2023-0017), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case#3/CASE-2024-0013

PHA-2024-0004

Fisher Healthcare, Fisher Scientific, WD509

Time: 08:51 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On December 14, 2023, Investigator Brosnan discovered during a site visit that Fisher's wholesale druggist license was not renewed when the license expired on November 30, 2023. Thus, Fisher was operating with an expired license in violation of 247 CMR 7.02(1). Accordingly, Investigator Brosnan issued a POC to the Fisher for operating with an expired license. In turn, Fisher renewed its license on December 15, 2023.
- Fisher responded that a license renewal application was initiated on November 9, 2023. At that time, Fisher learned that a PIN number was required to complete the application and a request for a PIN number was made to BORP. The PIN was not received until December 13, 2023 and the application was completed on the same day. Of importance, BHPL launched a new eLicensing system and this renewal was the first time that Fisher was required to use the new system to renew.
- CA: "we recognize the need to make changes to our renewal process in the future, including beginning the process earlier to allow for ample time to secure the necessary PIN and materials required to renew..."

ACTION: Motion by R. MORELLI, seconded by J. ROCCHIO, and voted unanimously by those present, to DISMISS the matter (PHA-2024-0004), No Discipline Warranted, Remediation Complete.

Case #4

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/CASE-2024-0081  
PHA-2024-0009 Walgreens #17980, DS90208 Time: 08:53 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On December 15, 2023, WAG 17980 failed to submit initial notice of a theft to BORP of 28 hydrocodone-acetaminophen 5-325mg tablets within seven days of discovery on November 24, 2023 and failed to include a RLCS. In addition, WAG 17980 failed to submit all materials required in a final report of confirmed theft.
- WAG 17980 later submitted the materials required in a final report of theft. According to the final reports, a theft of 28 hydrocodone-acetaminophen 5-325mg tablets was discovered on November 24, 2023 during the weekly perpetual inventory count. Surveillance video was reviewed by WAG 17980's district manager and asset protection manager and they concluded that an overcount of 28 tablets occurred for a prescription sold on November 21, 2023. However, the patient denied that they were dispensed an excess quantity of drug, and a police report was not made. In addition, the surveillance video was reviewed by Investigator Melton, and he did not observe an overcount.
- CA: WAG 17980's MOR acknowledged that she failed to submit documents as described. She indicated that "[she] reviewed both the 247 CMR 6.02(10) and BORP Policy 2022-01 to mitigate recurrence of a similar incident in the future. I apologize for not completing this process properly."

ACTION: Motion by S. AHMED, seconded by D. BARNES, and voted unanimously by those present, to refer the matter (PHA-2024-0009), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On 11/30/2023, WAG 19437 submitted final report of an unknown loss of 90 oxycodone-acetaminophen 5-325mg tablets discovered on 11/21/2023. The final report of loss included a RLCS and DEA-106 but did not include supplemental information.
- According to the RLCS, a prescription for 90 oxycodone-acetaminophen 5-325mg tablets was discovered missing when a patient arrived for pick-up. Staff were unable to find the prescription despite an extensive search. Suspicions that the patient already picked-up the prescription could not be corroborated. Thus, the prescription was “ ‘filled again’ ” for the patient creating the loss.
- CA: MOR Barrant described that “we identified a training gap with a new technician who was not aware that if the patient ID is not entered correctly, the POS system cancels the sale of that item. The technician has been coached about the errors and received further training. She was also monitored by a fellow colleague for all controlled substance transactions for the following 2 weeks. The pharmacy manager accepts responsibility for this training gap and going forward give more attention to this area when onboarding new employees.”

ACTION: Motion by D. BARNES, seconded by C. BELISLE, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2023-0273) with PHA-2024-0027, and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On 12-29-2023, WAG 19437 submitted an initial notice of loss or theft of controlled substances without any further details including a RLCS form. WAG 19437 then failed to submit a final report of loss or theft.
- WAG 19437's MOR described that a loss of 13 amphetamine mixed salts 10mg extended-release capsules was discovered while a pharmacist was performing a back-count on a prescription filled on 12-28-2023. An internal investigation concluded that the loss on 12-27-2023 occurred when “the 13 capsules were inadvertently thrown away. During the video review it was noted that there were 2 open bottles with medication and 1 was discarded that it is believed to still have medication in it... When the discrepancy was noted the following day, the trash had already been collected by an outside vendor. The investigation confirmed the loss was not significant and the DEA 106 was retracted.”



- Lastly, the MOR acknowledged that she failed to submit a final report of loss in accordance with BORP Policy 2022-01. She explained that “[she] did not realize that [she] still needed to send the attached forms to the Board of Pharmacy or complete Section B of the Appendix.”
- The MOR described that “the pharmacist involved... was reminded of the importance of counting back before releasing all controlled CII medications...” The MOR also indicated that she has “reviewed the requirements for controlled substance reporting and will ensure that all documentation is submitted in a timely manner.”

**ACTION:** Motion by D. BARNES, seconded by S. AHMED, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2024-0027) with PHA-2023-0273, and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case #7/CASE-2024-0070

PHA-2024-0029

Ash Pharmacy, DS90361

Time: 09:02 AM

**RECUSAL:** NONE

**DISCUSSION:** G. MELTON presented and summarized the investigative report that pertained to this matter.

- On 01-09-2024, Investigator Seed discovered during a RCI that an epinephrine autoinjector was stored in the “immunization/counseling room” outside of the pharmacy’s prescription area.
- MOR Tona disagreed with BORP’s requirements to keep the autoinjector in the prescription area. He asserted that keeping the autoinjector in the immunization room was safest for the patient in case of an emergency.
- POC/CA: That being said, MOR Tona indicated that the epinephrine autoinjector was moved from the immunization room to the pharmacy’s prescription area when Investigator Seed requested during the inspection. The autoinjector is stored in a box close to the entrance door of the immunization room for quick and easy access in case of an emergency and will be kept there going forward despite his disagreement with BORP requirements.

**ACTION:** Motion by S. AHMED, seconded by R. MORELLI, and voted unanimously by those present, to refer the matter (PHA-2024-0029), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case #8/CASE-2024-0124

PHA-2024-0041

Springfield Pharmacy, DS90286

Time: 09:04 AM

**RECUSAL:** NONE

**DISCUSSION:** G. MELTON presented and summarized the investigative report that pertained to this matter.

- On 01-18-2024, Investigator Brosnan “observed 4 containers (delivery totes) of blister packed medication that were taken back from group homes and stored within the pharmacy space until they can be put into a Health Mart medication disposal kiosk located in non-registered pharmacy space for destruction” because the kiosk was full during a RCI.

- Of note, Springfield was an DEA authorized collector for disposal of drugs. The collection receptacle authorized to be used by ultimate users to directly deposit unwanted medications. The blister packed medications were not deposited directly in the receptacle as required because the receptacle was full. Instead, the medication was transferred and stored in the prescription area of the pharmacy.
- POC/CA: Springfield's MOR explained that the blister packed medications in the delivery totes were stored in the prescription area for less than seven days because the kiosk was full during that time. The pharmacy was not reusing or redispensing the medication and the medications were segregated/quarantined away from the pharmacy's active stock. In addition, the pharmacy was not reversing claims for prescriptions. The MOR pledged that "medication return will no longer be accepted in bulk and stored in the pharmacy space. Upon return they must go directly into the disposal kiosk" going forward.

ACTION: Motion by C. BELISLE, seconded by S. AHMED, and voted unanimously by those present, to refer the matter (PHA-2024-0041), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case #9/CASE-2023-0656

PHA-2023-0240

Eastern Pharmacy, DS90270

Time: 09:07 AM

RECUSAL: NONE

DISCUSSION: J. TRAN presented and summarized the investigative report that pertained to this matter.

- During a retail compliance inspection on 10/19/2023, Pharmacy Investigator Geaney observed PTT Cavanaugh and PTT Silva working as technician trainees with expired licenses.
- For the time period from 08/31/2023 through 10/19/2023, in which PTT Cavanaugh was unlicensed, she worked 84 hours as a PTT. For the time period from 10/05/2023 through 10/19/2023, in which PTT Silva was not licensed, she worked a total of 20 hours as a PTT.
- In November 2023, both technicians had their PTT licenses extended for a 6 month period.
- MOR Dostert indicated that he had ordered the pharmacy technician exam, but it expired before he could administer it and he did not follow up with the PTTs to ensure compliance.
- The MOR has since acquired a document tracking software that he will review every week to help him ensure license compliance with his staff and updated his SOP to reflect this new compliance tool and actions.

ACTION: Motion by D. BARNES, seconded by C. BELISLE, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2023-0240) with PHA-2023-0264, and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case #10/CASE-2023-0745

PHA-2023-0264

Eastern Pharmacy, DS90270

Time: 09:08 AM

RECUSAL: NONE

DISCUSSION: J. TRAN presented and summarized the investigative report that pertained to this matter.

- MOR Dostert emailed BORP to provide notification of a robbery at the Pharmacy on 11/14/2023 along with a submission of a police report and later a detailed inventory of the stolen medications.
- Review of video footage provided showed the metal cabinet, which stored overstock CS's that could not fit inside the safe as well as CS prescriptions ready for pickup, was unlocked at the time of the robbery.
- The Attorney representing the Pharmacy indicated that no substantial locked cabinet would have prevented the professional burglars from accessing the medication.
- MOR Dostert responded that the cabinet in question was locked, but the police report stated otherwise.
- Subsequent to the burglary, they have since moved to a new location with more security. The Pharmacy now has 2 video cameras facing the safe and will-call cabinet. Although MOR Dostert indicated during the 11/16/2023 site visit that he had ordered additional safes to be placed in his new location, he indicated in his response to this complaint that the safe and cabinet are still in use and are locked at the end of the business day as well as the store alarm set as pharmacy staff leaves for the day.

ACTION: Motion by C. BELISLE, seconded by R. MORELLI, and voted unanimously by those present, to CONSOLIDATE the matter (PHA-2023-0264) with PHA-2023-0240, and refer to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case #11/CASE-2023-0712

PHA-2023-0261

Walgreens #7703, DS3383

Time: 09:11 AM

RECUSAL: NONE

DISCUSSION: J. TRAN presented and summarized the investigative report that pertained to this matter.

- During a retail compliance inspection conducted on 11/09/2023, it was observed that Former MOR Doan was still listed as the MOR although a Change in MOR CS inventory was conducted on or about 10/10/2023. A POC was issued.
- According to BORP records, an Interim MOR application was submitted on 10/16/2023 and subsequently withdrawn on 10/24/2023.
- On 11/09/2023, an Interim Manager of Record Amendment Application was submitted to BORP as corrective action. The District Manager then scheduled Pharmacist Vinciguerra and MOR Sirard to conduct another CS inventory.
- On 11/17/2023, a Change in MOR application was submitted to BORP indicating Interim MOR Sirard became the Current MOR on 11/12/2023.
- Current MOR Sirard indicated that the change of MOR application will be submitted within seven calendar days of outgoing MOR going forward.

ACTION: Motion by D. BARNES, seconded by C. BELSILE, and voted unanimously by those present, to DISMISS the matter (PHA-2023-0261), No Discipline Warranted, Remediation Complete.

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Case #12/CASE-2024-0129

PHA-2024-0037

Walmart 10-2904, DS2977

Time: N/A

# DEFERRED

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#13/CASE-2023-0002 Case  
INV9194 CAPS Inc, Woburn Time: 09:14 AM

RECUSAL: C. BELISLE and D. BARNES recused and were not present for the vote or discussion in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- Timely report on 12/13/23 of 1 CFU of a gram negative organism in the product entry room ISO 8 air sample from EM conducted on 11/21/23. This was a repeat EM performed on 10/20/23 after notification of 1 CFU of a gram negative organism in the ISO 7 anteroom on 11/6/23. On 12/7/23, CAPS was notified and a total clean of the product entry room was performed with repeat EM. Although no atypical growth was identified from the repeat EM, CAPS failed to properly remediate from the previous AAL result. CAPS had voluntarily ceased compounding from 9/11/23-11/21/23.
- The atypical organism was introduced into the ISO 8 area during the product introduction process since the ISO 8 areas open to non-controlled space with non-gowned employees entering/exiting. MOR Gomatos stated, "Based on the operation of these rooms and the number of tests conducted, it would not be unreasonable to occasionally see a gram-negative bacteria identified". BUDs were not reduced.
- EM is performed weekly the day prior to the weekly clean. Sampling of the ISO 5 workstations, the telephones, and the Apex touchscreens occurs each week. The ISO areas are divided into 4 quadrants within each ISO classified space. Each week the sampling sites rotate between the 4 quadrants so that over the course of 4 weeks, all sites are sampled.
- CAPS staff were retrained on SOP-CAPS-4000158 "Clean Room Compounding Area-Product Intro/Removal". MOR Gomatos attested the staff reviewed CAPS internal P&P for remediation of an AAL event and BORP Policy 2023-09: Above Action Level Environmental Monitoring Results.

ACTION: Motion by S. HAMILTON, seconded by S. AHMED, and voted unanimously by those present, to ELEVATE the matter (INV9194), to a complaint.

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Case #14/CASE-2023-0521  
INV8330 Freedom Fertility, DS89717 Time: 09:19 AM

RECUSAL: NONE

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- Allegation of failure to report an AAL EM result within 7 business days from EM completed on 8/10/23 and a failure to perform a CAPA Plan. On 8/10/23, EM was conducted and incubated in-house with 3 CFUs observed on 2 air sample plates. The plates were sent to US Micro Solutions for identification. On 9/5/23, the Pharmacy was notified of 1 CFU of a non-sporulating hyaline fungi in the anteroom which was reported to the BORP on 9/13/23.

- On 8/29/23, the Pharmacy performed a complete monthly clean and EM was conducted in the anteroom. On 8/30/23, a complete EM was performed. The samples were read on 9/5/23 and 9/6/23 with no CFUs observed. BUDs were not shortened from 8/21/23-9/5/23. MOR Veinot contended each batched sterile preparation is sent out for sterility, endotoxin, and potency testing. The batches are quarantined until the lab results are received. No results of concern were received during that time.
- The Pharmacy provided the EM logs, US Micro Solutions report, August 2023 cleaning log, and the EM sampling map. The Pharmacy's internal report indicated no CAPA plan was needed. According to the RCA, previous EM was reviewed with no other excursions of highly pathogenic recovered. The cleanroom suite was certified on 7/7/23. There were no room or process changes. A cleaning and resampling were performed. Compounding technicians were up-to-date on recent assessments. There was no identifiable cause of the actionable organism.
- MOR Veinot maintained the AAL was reported within 6 business days. She stated while the Pharmacy only completed the nonconformance and RCA of the internal report, it does in fact include the CAPA elements defined by the MA BORP Policy 2019-08.

ACTION: Motion by C. BELISLE, seconded by S. HAMILTON, and voted unanimously by those present, to CLOSE the matter (INV8330), No Discipline Warranted, Remediation Complete.

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Case #15/CASE-2024-0080

PHA-2024-0006

Walgreens #17259, DS90362

Time: 09:23 AM

RECUSAL: NONE

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- Failure to properly notify the BORP of a loss of controlled substance loss on 12/11/2023 when Former MOR Kebede sent a one business day DEA 106 notification with no name, strength or quantity of the drug. Walgreens Rx Integrity retracted the notification on 12/11/2023 within an hour.
- DM Feeney stated Former MOR Kebede reported a suspected controlled substance loss in error. He submitted a DEA 106 after a controlled substance was dispensed to the wrong patient prior to attempting to recover it. Former MOR Kebede was unaware that by initiating a DEA 106, the BORP would receive an automatic fax notification. If he had known, Former MOR Kebede would have followed the notification with a retraction as well as submission of Appendix I, part B. Former MOR Kebede is no longer employed by Walgreens. No explanation was provided for the failure to include the name, strength, and quantity of the drug.
- Former MOR Skrypnichenko reviewed all policies and procedures for the proper reporting of a loss of controlled substances and BORP Policy 2022-01: Loss or Theft of Controlled Substances including the information in the Appendix.

ACTION: Motion by S. AHMED, seconded by S. HAMILTON, and voted unanimously by those present, to DISMISS the matter (PHA-2024-0006), No Discipline Warranted, Remediation Complete.

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Case #16/CASE-2024-0008

PHA-2024-0021

CVS #1866, DS2956

Time: 09:26 AM

RECUSAL: J. ROCCHIO recused and was not present for the vote or discussion in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- Repeat deficiencies on 12/26/2023 for name tags, an unsealed balance, storage of medications on the floor, and improper storage of vaccines in the refrigerator previously cited on 8/18/23 and not remediated per the POC. Another POC was issued.
- DL Racette indicated failure to comply with the previous POC was not intentional. She felt the root cause was staffing which led to some inventory and regulatory tasks falling through the cracks. DL Racette acknowledged she had not validated the POC for 8/18/23 was followed.
- MOR Igo stated, "I sincerely apologize for the lack of follow through with the previous plan of correction". PT Brown contended, "Immunizations were improperly stored in the fridge due to space constrictions at the time, coming off of our peak immunization season. I have requested for another fridge to be ordered for the pharmacy for next year which has since been delivered and set up".
- DL Racette hired additional support staff and another pharmacist. She has ensured schedules are created 3 weeks out and adhered to. The DSPL will be conducting periodic audits to ensure compliance. The staff attested to confirming understanding of and compliance with the requirements to wear name tags; understanding that prescription medications cannot be stored on the floor including filled prescriptions; and review of BORP Policy 2020-05: Proper Storage of Refrigerated and Frozen Medications.

ACTION: Motion by S. HAMILTON, seconded by C.BELISLE, and voted unanimously by those present, to refer the matter (PHA-2024-0021), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND. A second motion was made by D. BARNES, seconded by K. THORNELL to open a complaint on MOR IGO (PH235277); the VOTE FAILED 6 to 3.

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Case #17/CASE-2024-0943

PHA-2024-0030

CVS #859, DS3618

Time: 09:35 AM

RECUSAL: J. ROCCHIO recused and was not present for the vote or discussion in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to this matter.

- Inspectional deficiency on 1/8/24 for storage of vaccines at room temperature in an unlicensed immunization room. Investigator Brosnan observed 3 doses of Shingrix, 2 doses of Arexvy, and 5 doses of Spikevax.
- MOR Forbes indicated Pharmacist Gobeille administered Shingrix, Arexvy, and Spikevax on Saturday 1/6/24 over a short time span up until 4pm then failed to return the boxes to the refrigerator. No vaccines were administered on 1/7/24 or up until the time of inspection. The vaccines were segregated and damaged out.
- Pharmacist Gobeille stated he removed the boxes of vaccine around 3pm on 1/6/24 then he inadvertently left them in the immunization to perform other duties.
- According to CVS Policy Retail Pharmacy Administered Immunizations Program, "Before each patient, the Immunizer should prepare all necessary supplies to be brought to the immunization area:

Appropriate vaccine, drawn to the correct dose and diluted properly (if not a single dose syringe)". Once vaccine administration is completed, the immunizer should return all administration and emergency supplies to the Pharmacy.

- MOR Forbes discussed the incident with all immunizing staff including ensuring vaccines are immediately returned to the refrigerator. Pharmacist Gobeille stated the immunization room will be checked by the pharmacist no later than close of business to ensure vaccines were left in there and he will adhere to CVS policy. Immunizing staff confirmed review of all policies for the requirement of storage within the Pharmacy of all prescription medications including all vaccines and prescription items related to immunizations, BOP Policy 2023-02: Vaccine Administration, and BOP Policy 2020-05: Proper Storage of Refrigerated and Frozen Medications.

ACTION: Motion by S. HAMILTON, seconded by C. BELISLE, and voted unanimously by those present, to refer the matter (PHA-2024-0030), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case #18/CAS-2023-1148

PHA-2024-0032

CVS #1900, DS3193

Time: 09:38 AM

RECUSAL: J. ROCCHIO recused and was not present for the vote or discussion in this matter.

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to this matter.

- On 08-22-2023, Investigator Horn discovered during an RCI that a pharmacy intern licensed in Georgia was practicing without a Massachusetts pharmacy intern license. Of note, the Georgia Intern had an application for licensure as a pharmacist in Massachusetts pending with BOP and was eventually licensed as a pharmacist in January 2024. In the interim, she obtained a PTT license.
- CA/POC: CVS 1900 indicated that the intern would "apply to become a technician trainee and ensure the license is active prior to allowing her to participate in any pharmacy tasks/ workflow." CVS 1900 next indicated that "MOR to check employee licenses on the MA Health Professionals License Verification site in advance of any new colleagues working in the pharmacy to ensure all employees have an active and valid license...." going forward.

ACTION: Motion by S. AHMED, seconded by R. MORELLI, and voted unanimously by those present, to refer the matter (PHA-2024-0032), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

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Case #19/CASE-2023-0710

PHA-2023-0254

CVS #316, DS89941

Time: 09:40 AM

RECUSAL: J. ROCCHIO recused and was not present for the vote or discussion in this matter.

DISCUSSION: J. TRAN presented and summarized the investigative report that pertained to this matter.

- During a retail compliance inspection conducted on 11/06/2023, epinephrine auto-injectors, needles and syringes were observed stored in unlicensed space.
- MOR Clar indicated that she did not know that medication and immunization supplies could not be stored in the immunization room.

- MOR Clar noted that since the November inspection there are no medications or supplies stored in that room. They are now kept in the pharmacy, and are brought into the immunization room when administering a vaccine and then brought out when staff leave the immunization room.

ACTION: Motion by D. BARNES, seconded by S. HAMILTON, and voted unanimously by those present, to refer the matter (PHA-2023-0254), to the Office of Prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND

**Topic X:** **Executive Session Call to Order:** **Time: 9:42 AM**

By: President K. Thornell reads the executive session language and requests a motion to enter executive session.

**Action:** Motion by S. HAMILTON, seconded by C. BELISLE, voted unanimously by roll call to enter executive session #1.

Roll call attendance: S. Hamilton, yes; D. Barnes, yes; J. Rocchio, yes; K. Thornell, yes; S. Ahmed, yes; R. Morelli, yes; C. Belisle, yes; M. Sciaraffa, yes; J. Dorgan, yes; S. Dinno, yes.

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**Topic XI:** **65C Sessions MGL c. 112 section 65C** **Time: 10:07 AM**

DISCUSSION: None

ACTION: President K. Thornell request a motion to enter 65C.

At 10:07 A.M. C. BELISLE, seconded by S. HAMILTON and voted unanimously by all those present to enter 65C by roll call vote.

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**Topic XII:** **ADJOURMENT OF MEETING** **TIME: 12:50 PM**

**ACTION:** Motion by S. HAMILTON seconded by S. AHMED and voted unanimously by all those present to adjourn the meeting by roll call vote.

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EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 5/2/2024 General Session



2. Draft Minutes of the 4/4/2024 Meeting
3. Report on Applications approved pursuant to Licensure Policy 13-01
4. Report on Board Delegated Complaint Review to licensure policy 14-02
5. Report on PSUD 17-03
6. Memo: Non-Resident Pharmacy Inspection Requirements for Licensure
7. Pharmacy Advisory Recommendation Document 24-01
8. Policy 13-01: Licensure Applications and Notices
9. Policy 14-02: Board Delegated Review (BDR)
10. Policy 2023--07: Non-Sterile Compounding
11. New Pharmacy application: SCCHC Pharmacy
12. Relocation application: Vantive US Healthcare
13. Renovation application: Cardinal Health, WD1006
14. New Pharmacy application: Lowell Community Health Center Pharmacy
15. CASE-2023-0782: INV8911; Stop & Shop #782, DS2299
16. CAS-2023-0418                      PHA-2024-0017: Adam Smith, PH234871
17. CASE-2024-0013                  PHA-2024-0004 Fisher Healthcare, Fisher Scientific, WD509
18. CASE-2024-0081                  PHA-2024-0009 Walgreens #17980, DS90208
19. CASE-2023-0786                  PHA-2023-0273 Walgreens #19437, DS90187
20. CASE-2024-0939                  PHA-2024-0027 Walgreens #19437, DS90187
21. CASE-2024-0070                  PHA-2024-0029 Ash Pharmacy, DS90361
22. CASE-2024-0124                  PHA-2024-0041 Springfield Pharmacy, DS90286
23. CASE-2023-0656                  PHA-2023-0240 Eastern Pharmacy, DS90270
24. CASE-2023-0745                  PHA-2023-0264 Eastern Pharmacy, DS90270
25. CASE-2023-0712                  PHA-2023-0261 Walgreens #7703, DS3383
26. CASE-2024-0129                  PHA-2024-0037 Walmart 10-2904, DS2977
27. CASE-2023-0002                  INV9194 CAPS Inc, Woburn, DS3312
28. CASE-2023-0521                  INV8330 Freedom Fertility, DS89717
29. CASE-2024-0080                  PHA-2024-0006 Walgreens #17259, DS90362
30. CASE-2024-0008                  PHA-2024-0021 CVS #1866, DS2956
31. CASE-2024-0943                  PHA-2024-0030 CVS #859, DS3618
32. CAS-2023-1148                    PHA-2024-0032 CVS #1900, DS3193
33. CASE-2023-0710                  PHA-2023-0254 CVS #316, DS89941

Respectfully Submitted,  
Rita Morelli, Secretary